Application Data Sheet

Application Information	
Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	VOICE-ACTIVATED PROGRAMMABLE REMOTE
	CONTROL
Attorney Docket Number::	000291-010210US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency:: ,	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type:: Inventor Primary Citizenship Country:: US Status:: **Full Capacity** Given Name:: Mark Middle Name:: Family Name:: Grossmeyer Name Suffix:: City of Residence:: Cedarburg State or Province of Residence:: WI US Country of Residence:: Street of Mailing Address:: West 68 North 328 Palmetto Court City of Mailing Address:: Cedarburg State or Province of mailing address:: WI Country of mailing address:: Postal or Zip Code of mailing address:: 53012 Applicant Authority Type:: Inventor Primary Citizenship Country:: US Status:: **Full Capacity** Given Name:: Michael Middle Name::

Family Name:: Name Suffix::

City of Residence:: Sequim

State or Province of Residence:: WA

Country of Residence:: US

Street of Mailing Address:: 6180 Woodcock Road

City of Mailing Address:: Sequim

State or Province of mailing address:: WA

Hitchcock

Country of mailing address::

Postal or Zip Code of mailing address:: 98382

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This application non-provisional 60/439,265 01/10/03

application of

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::